

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	S6	71056	5-26-99
O.I.P.E. CLASSIFIER			5-26-99
FORMALITY REVIEW	MAB	1616909	10/13/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1 ✓ 9/30/99	
2 ✓ 10/1/99	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
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Claim	Date
Final Original	
51 ✓ 9/30/99	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy

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